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Using Joint Interviews to add Analytic Value

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Abstract

Joint interviewing has been frequently used in health research, and is the subject of a growing methodological literature. We review this literature, and build on it by drawing on a case study of how people make decisions about taking statins. This highlights two ways in which a dyadic approach to joint interviewing can add analytic value compared to individual interviewing. First, the analysis of interaction within joint interviews can help to explicate tacit knowledge, and to illuminate the range of often hard-to-access resources that are drawn upon in making decisions. Second, joint interviews mitigate some of the weaknesses of interviewing as a method for studying practices; we offer a cautious defence of the often-tacit assumption that the “naturalness” of joint interviews strengthens their credibility as the basis for analytic inferences. We suggest that joint interviews are a particularly appropriate method for studying complex shared practices such as making health decisions.

Key words

qualitative analysis; interviews; decision making; storytelling; joint interviews

As both Morris (2001) and Morgan et al (2013) have noted, joint interviews have a long history and have been extensively used in health research, yet they remain under-explored methodologically, and largely ignored in textbook coverage of interviewing. However, a small but growing literature, predominantly from studies of chronic illness and disability, does address the practical, ethical and methodological implications of interviewing two people together. We aim to build on this literature by suggesting that joint interviews provide some analytical advantages over individual interviews in studying tacit knowledge and health practices.

We first map the different ways in which joint interviews have been defined and used in health research, noting that a primary advantage claimed has often been for research questions which address interaction between the participants interviewed. Joint interviews have been used less often in studies of health practices, in part reflecting methodological reservations about how far interviews in general are a useful source of data on what people do. We then use examples from research conducted by Louisa Polak to suggest two ways in which joint interviews provide some analytical purchase that offsets the methodological limitations of using interview data. The data are drawn from a study of how people make decisions about taking statins, in which many interviewees preferred to be interviewed with their partner. First, we found these joint interviews to be a particularly fruitful source of clues to the ways in which decisions were made, offering “added value” compared to individual interview data. Second, in terms of providing data on practices, although we problematise the widespread tendency to treat data from joint interviews as more “natural” than one-to-one interviews, we do suggest that if handled with care and reflexivity such data can be used as a credible basis for claims about practices, thus providing a further analytic advantage of joint interviewing compared with individual interviews.

Background: literature on joint interviewing

Defining joint and dyadic interviews

Joint interviews involve an encounter between an interviewer and a dyad: two interviewees. In research reports, interviews with two participants have variously been called joint interviews, couple interviews, conjoint interviews, and dyadic interviews. However, these terms are used in rather different ways across the literature, in part depending on whether the focus is on data collection or analysis. Morgan et al (2013), for instance, discuss dyadic interviews as any which bring together two participants in the same interview, drawing on examples from interviews with two people who do not necessarily have a prior relationship. Such interviews, they suggest, combine some of the advantages of the focus group interview (such as the opportunity for participants to support and prompt each other) whilst reducing some of the drawbacks, such as the limited access offered by larger groups to detailed narratives from each participant. Morris (2001), too, positions joint interviews between individual interviews and focus groups, although she emphasizes the analytic possibilities that result from the two interviewees' prior relationship, implying that she sees joint interviews as a subset specifically of natural group interviews.

Caldwell (2013) helpfully defines a dyadic approach as “a qualitative approach that ... embraces [the existence of] an interdependent relationship between individuals ... as a source of information rather than attempting to control for it”. Here, “dyadic” refers to an orientation to the research in general, and specifically the data analysis, rather than data collection methods. This orientation applies as well to groups larger than two, highlighting the fact that dyadic approaches have much in common with research addressing multiple perspectives within larger groups such as families or households. Several authors consider the analytic implications of these larger-group approaches; for instance, Kitzinger (1994) highlights the strength of interviewing natural groups as a means to illuminate tacit

knowledge; and Duggleby (2005) describes various different approaches to analysing group interaction data from focus groups. Dyadic interviewing has also been used to refer to methods where data from separate interviews with each of a couple are analysed as a single unit. Eisikovits and Koren (2010), for example, include such interviews in their review of dyadic interviewing, as well as situations where the two participants are interviewed together, and indeed make a strong case for taking a dyadic approach to separately collected narratives. This has similarities to multiperspective approaches used with a larger set of individual interviews, and for instance McCarthy et al (2003) discuss the advantages and disadvantages of such approaches for studying family lives.

These overlapping definitions, and lack of consensus around methodological terms, result in occasional difficulty in ascertaining which kind of interviewing or analysis was actually used in an empirical study. Here, we refer to “joint interviews” to mean interviews with two people who have a prior relationship, interviewed at the same time, and a “dyadic approach” as one which involves analysis that utilises the interaction between the participants. This interaction, as Allan (1980) says, may “provide insight of a form hard to obtain from individual interviews”.

Interaction as an advantage or a problem

Most of the advantages and disadvantages of joint interviewing stem from the interaction between the two participants; as Eisikovits and Koren (2010) point out, access to this interaction is a central feature of joint interviewing. The advantages, as described by Allan (1980), derive from two kinds of opportunity afforded by interaction between interviewees: first, the opportunity to study the interaction itself; and second, the opportunity to obtain data which is generated by that interaction. Many authors have followed in Allan’s footsteps, presenting accounts of these advantages of joint interviewing in relation to a variety of methodologies and research objectives. For instance, in studying gender relations, Valentine

(1999) gives a detailed account of the benefits of joint interviewing, both in illuminating the process of negotiating a shared account, and in generating a richer and more detailed account because participants prompt one another; Torgé (2013) suggests that in a study of “spousal care and support in a disability context”, joint interviews provided access to “we-talk”, in which the participants discursively co-produce themselves as a dyad working together to deal with shared problems; and Taylor and de Vocht (2011) describe using joint interviews within a phenomenological approach, to elucidate the couple’s shared perspectives and understandings about experiences of sexuality and intimacy.

Most of those who write about the strengths of joint interviewing also discuss its pitfalls: key to most of these is that interaction between the participants may have the effect of silencing an individual’s account. Particularly when talking about sensitive topics, things may well remain unsaid which might be said in an individual interview; for example, Eisikovits and Koren (2010) highlight the fact that, in their study of couplehood in old age, separate interviews within dyads elicited data which joint interviews would not have done, such as accounts of concern to protect one’s partner from worries. Several authors discuss the risk that one interviewee may dominate the other (eg.(Arksey, 1996; Morris, 2001)), and highlight the ways in which narratives may be gendered. For instance, both Seale et al (2008) and Valentine (1999) found women often dominated discussion during joint interviews with their male partners, particularly on topics such as pregnancy or child-rearing.

Prompting talk about intimate topics within a joint interview raises ethical concerns about possible inadvertent disclosure of individuals’ private accounts, and the possibility of harm from even unprompted disclosures needs consideration when seeking consent for joint interviews. Offering a choice between individual or joint interviews does not fully address this ethical concern, as Mellor et al (2013) point out. Taylor and de Vocht (2011), for instance, describe the hope that such a choice would enable “individuals who valued the

freedom to express things they would not want their partner to know [to] choose an option that would provide for this”, but they later undermine this reassuring idea, echoing Morris’s (2001) point that people may be reluctant to imply that they have secrets from their partner, and prefer to present themselves to the interviewer as what Radcliffe et al (2013) describe as “a normal, united couple”. Thus, the fact that participants choose a joint interview is data in itself.

These constraints clearly shape the data generated in joint interviews, and consequently they inform choice of method given a particular research question and methodology. For example, to address questions concerning men’s perspectives per se, individual interviews may be preferred, as Seale et al (2008) suggest. However, where the focus is on understanding “the contested realities of shared lives” (Valentine, 1999), then there may be significant advantages in using joint interviews, to provide observational data on how men’s perspectives are undermined or moderated in negotiating family health practices. While not claiming that joint interviewing is better than individual interviewing, most authors implicitly agree with Arksey (1996) that it generates data which is qualitatively different. This difference has been exploited in a variety of contexts within health research.

Living with chronic illness: a focus on the individual or on the couple?

Clearly the methodological and practical advantages of joint interviews are more likely to come into play with some participants, topics and research questions than others. Studies of living with long-term illness have been a common setting for joint interviewing, perhaps in part because partners, informal carers and significant others may “share the burden of the work of managing the illness” (Corbin & Strauss, 1985). Joint interviewing, as in Torgé’s (2013) study of older couples living with chronic illness and disability, may be a deliberate research strategy, employed to map, document and acknowledge this “sharing”, and to redress the elision of informal care work from much health writing and policy. The fact that

this work is shared has practical implications for data collection: researchers are at times faced by unplanned joint interviews, where individual interviewees are joined, uninvited, by carers or family members. For example Pickard and Rogers (2012) studied the way “family and familiars” support self-care and knowledge construction in people with chronic comorbidities; they mention an inadvertent joint interview, where the son joined a meeting between his mother and the interviewer, although they only report their data from this encounter in terms of what he said about his role.

Even where joint interviews are deliberately planned as the data collection strategy, this does not necessarily imply a dyadic approach to analysis of the data. Two different non-dyadic approaches are commonly used. In the first, the couple is treated as the unit of analysis, and described as if it was a single individual talking about, for instance, “their” feelings and about the effects of prostate cancer on “their” daily lives (Harden, Northouse, & Mood, 2006). A second, more widespread, approach treats data as coming from two separate individuals; for instance Öhlén et al (2006) explicitly disclaim an intention to treat “the patient and significant other data . . . in a dyadic manner” in their study of the involvement of significant others in what they describe as “the patient’s” decision-making. This second stance is widely implicit elsewhere, particularly where the two individuals may share experiences, but relate to those experiences differently: for example within the literature on couples affected by dementia (Hellstrom, Nolan, & Lundh, 2005; Roach, Keady, Bee, & Williams, 2013; Robinson, Clare, & Evans, 2005). Here, the aim of using joint interviews is to study two people rather than the couple; the focus of analysis is then not so much on interactions, but on the two perspectives elicited from the one interview.

There is, however, a smaller literature on living with illness that does utilise joint interviews analysed with a dyadic approach and discusses the analytic possibilities this approach may provide. Most of these possibilities arise from the opportunity of observing

shared storytelling during joint interviews, a feature many authors emphasize (see, for instance, (Allan, 1980; Bjornholt & Farstad, 2012; Gerhardt, 1991; Radley, 1989; Roach et al., 2013; Sakellariou, Boniface, & Brown, 2013; Torgé, 2013)). Radley (1989) notes that such public story-telling is an important component of the often-shared biographical work involved in living with a chronic illness. This shared work has implications for what it is to be “ill” or disabled, or to live with an ill or disabled partner. Manzo et al (1995), for instance, use conversation analysis to look at how the partners of stroke patients co-created narratives in a joint interview about the stroke and its aftermath: in interrupting and correcting the story, spouses contributed, they argue, to the disempowering of the stroke patient. Radcliffe et al (2013), also in a study of stroke survivors and spouses, analyses interaction and describes the different ways in which couples co-present themselves. Gerhardt (1991) draws on a couple’s shared story (about the man’s heart operation) to study their shared social reality and the woman’s role within this. These examples illustrate that dyadic analysis is important for understanding how, and whose, stories get told about chronic illness, and for studying the effects of the major disruptions of such illness, not only on the ill person but also on their significant other, and on the relationship between them.

Studying mundane health practices

The majority of studies using joint interviews entail, then, interviews with couples in the context of chronic illness or disability - with a rationale that significant others are central to the experience and management of illness, and that the relationship between patient and carer is an important topic of research in its own right. However, a similar rationale also applies to many everyday health practices, such as the use of non-prescription remedies, or the decision to take preventative medications. Our knowledge of, attitudes to, and use of medications and health technologies are rooted in social interaction, and others (families, workmates, friends) inform and shape our practices. This has been a common reason for using natural groups in

research, with Kitzinger (1994), for instance, writing on how natural groups provide an opportunity to observe in action some of the social processes which shape knowledge and values. Where people live with a partner, the dyad of the couple is likely to be a key site for such processes; yet joint interviews have rarely been reported as sources of similar data.

In studies of household practices, the focus of research has predominantly been orientated to individuals' roles or accounts, with authors tacitly implying that interviews were with individuals, rather than household groups. One exception is Dew and colleagues (2013), who used "household interviews" to look at the range of medication practices within households, asking participants "to produce all medications and discuss them as a household group". The authors suggest that some interviews at least were joint, mentioning couples who challenged each other's accounts. However, they do not specifically reflect on the use of joint interviews; most examples are quotes from single participants, and the interactive data is used simply to point to occasional disagreements and note that "households themselves are not . . . unified". Carter et al (2013), in a study of how electric toothbrushes become adopted or not in particular households, do specify that they interviewed both individuals and households as "natural groups", and comment on some advantages of each as regards both data collection and analytic possibilities. They highlight the potential of household interviews "to produce invaluable data on the ways in which actors ... technologies and ... environments interrelate", underlining the value of this method as a means of studying interactions and shared practices. There have been, though, few examples of using joint interviews for studying health practices. We therefore now turn to a study of the decision to take statins, to explore what analytical value joint interviews might have for studies that are not about interaction per se, and not related specifically to living with chronic illness.

Joint interviews in a study of how people decide about statins

Our examples are from a study which aimed to answer the question “How do people make up their minds about preventative medication?” by looking at decisions about statins. Early on, it became apparent that a fundamental component of the answer was “In a distributed way” (Rapley, 2008), rather than simply “In a clinical consultation”. This informed the decision to collect data in a non-clinical setting, chiefly by interviewing people in their own homes. It also suggested that interviewing people together with a significant other, when possible, might be useful.

The study methods

Interviewees were recruited in community settings including lunch clubs, recreational organisations and snowballing from initial participants living in one area of England, East Anglia. The only criteria for inclusion were that participants were aged over 50 and had been offered a statin. The choice of whether to be interviewed alone or with a partner was made by the interviewees; most of those who lived with a partner chose a joint interview. The final sample included 39 participants, with 13 couples (all married) and 13 individual interviews. In many couples, both partners had been offered statins, something which often only emerged during the interview. All the couples chose to be interviewed at home. Having first obtained consent from both partners, Louisa Polak conducted and recorded all interviews and had them transcribed, changing all names and identifying details.

Interviews were semistructured, with a brief topic guide covering participants’ state of health; where their knowledge about health came from; how they looked after their health; and their decisions about and use of medication. This brevity allowed Polak to pick up leads opportunistically, inviting interviewees to elaborate. We analysed the data using elements of a grounded theory approach (Strauss, 1987): initial open coding was followed by an iterative process of comparison both with other data and with the literature to inform subsequent cycles of data collection and analysis. The analysis was inductive in that we did not start with

a particular set of hypotheses, but rather with an open question about what was “going on” when individuals decided (or not) to take statins after an offer from a doctor. This article does not aim to report on the substantive findings of this analysis, but rather to focus on how the joint interviews in the dataset provided particular analytical strengths for exploring everyday decision-making.

These gains from the joint interviews were an unexpected finding. Analysis of interviews with couples facilitated insights which individual interviews would not have done, and, we argue, strengthened the credibility of inferences from the data in two key areas. These were, first, the ways in which shared storytelling and knowledge construction helped explicate the tacit resources drawn on to make decisions; and second, providing access to everyday, material practices such as pill-taking.

Shared storytelling and the co-construction of knowledge.

The joint interviews offered many examples of shared storytelling, providing strong evidence that constructing a coherent and presentable story can be a team effort rather than a solo project. Two kinds of work constitute this team effort: co-presentation of a shared performance; and co-construction of knowledge and its application to jointly-owned problems. These are practices which can be observed happening during joint interviews.

Shared performances. The following excerpt shows the work of shared story telling being done: Vic and Janet collaborate in presenting themselves (to the interviewer and to themselves) as sensible, knowledgeable people, who still have the power to make choices despite the major biographical disruption produced by Vic’s heart attack. They are talking about advice given after this event; in this and all the other excerpts in this article, the emphases are those given by the speakers.

Janet: I came with you and you made a choice of which one you wanted to go to and you felt that the gym was more beneficial to you, than, just going and listening about diet because, you know what you shouldn't eat, and what you should eat.

Interviewer: So you got no surprises when they said, you already felt you knew that did you?

Vic: Yes it was really, we were just interested to read, to see if we were right, if we could pick up anything new. We didn't have to be told.

The way in which the two take turns to reply, dovetailing their contributions and switching between personal pronouns, demonstrate that this story is a joint production: there is "we-talk" as well as "I" talk here, with the couple collaborating on the story of therapeutic choices made. Not all shared presentations are constructed in this harmonious way, and contradictions can be particularly illuminating. Here, the self-presentation work done by Don's account is highlighted by Mary as she contradicts him:

Don (D): We eat a lot of fish and things like that, so I wouldn't say that we had sort of, fatty sort of diets -

Mary (M): We have fish and chips once a week

D: Yeah, we do occasionally,

M: Once a week

D: Well, it's not always once a week

M: *[laughs]*

D: Um, but that's about all, that's right. And I did ask, what sort of fat it was all cooked in, and that sort of thing, so, no, fat doesn't really sort of feature on our, you know our normal sort of diet

M: Well – *[inaudible comment]* ...

D: Yes, and take-aways very, very seldom, I mean and –

M: *[laughs]*

The contradictions implicit in Mary's laughing during this exchange might relate to the relative expertise of the two participants on the couple's diet: they work to undermine Don as a reliable witness on food provision within their household, with her providing clarifications, and trumping his attempt to downplay the regularity of the fish and chip dinner. At one level, this interaction is merely a reminder of the danger of trying to infer what Don does eat from what he says he eats, with Mary claiming some privileged status as an informant on the couple's diet. Her qualifying comments and laughter also undermine Don's attempts to present himself as a person who is particularly "virtuous" in respect of dietary choices. Shared storytelling, then, provides not only insight into interaction itself and how the dyad collaborates on health talk, but can also provide some useful analytical purchase on the claims people make about what they do, which would not be possible using individual interviews.

Negotiating, co-constructing and using knowledge. In these shared stories, there are also opportunities to observe the material practices of information-gathering. One challenge of exploring how people do make decisions about statins is that much of the less-tangible work of accessing, assessing and using information is invisible. "Making the decision" is a process which draws on resources including information from, for instance, newspaper articles, health professionals, or friends. These sources might be remembered and recalled in interviews, but other background information, part of the general stock of "what people know", is less easily remembered. Both these explicit and more tacit sets of knowledge are put into play with a set of more or less malleable norms about health maintenance, such as professed reluctance to take pills. In an individual interview, accessing

the diverse sources of information that might coalesce to be “what you know” about statins is challenging. However, in joint interviews, couples often reproduced this process within the interview, working through with the interviewer and each other the ways in which knowledge was gradually built up into a coherent, or at least useable, whole. This provides a privileged insight into the overlapping processes of gathering and assessing information. Here, for instance, Violet and Jim demonstrate in their shared account the ways in which they work together to assess one source of information (friends’ experiences), and how they handle contradictions.

Violet (V): Ann came off of them because they disagreed with her.

Jim (J): In what way?

V: I can’t remember now, there was so many different bits *[laughs]*

J: Only Bert down the allotment there, he’s on the same thing as me

V: I think they upset Ann

J: And over the road there is Chris, who I go down the gym with now, he was another builder he was in competition with me when we were in the business, and he was having a talk with my mate and you were talking to his wife outside weren’t you. Anyway I spoke to Chris and he’s on statins and he has got no bother with them.

It is possible that this list of others with comparable experiences would also have been rehearsed in an individual interview, but unlikely: there is considerable interactive work being done by the interviewees themselves here, in prompting each other and reminding each other of the various sources of experiential evidence they have accessed. In this exchange, one shared tacit assumption that is surfaced by their joint description is that comparisons with people similar to oneself are a useful source of information. The exchange also provides insights into how inconsistencies between different people’s reports are integrated, in how

Jim is reassured on balance by the experiences of friends who had “no bother”. Joint interviews therefore provided opportunities to observe the process through which interviewees built such shared bodies of usable knowledge from an assemblage of dispersed and sometimes conflicting information.

Some elements of these assemblages remain opaque in joint interviews. In our data set, participants referred to sources including named people, as in the last excerpt, and specific advice provided by health professionals, but also to generic sources of knowledge indicated by phrases such as “they say”, and to tacit assumptions about normative approaches to health care or health maintenance. The careful analysis of individual interviews may, of course, enable some inferences about the underlying assumptions that participants draw on; but joint interviews have the advantage of often making these more visible. An interesting comparison may be made between two excerpts from the same interview. The first suggests one tacit assumption of the interviewees: that doctors’ advice is to be heeded.

Ron (R): I’ve been to the doctor

Felicity: He says you can’t take Crampex

R: Can’t take Crampex or anything like that

This assumption could be inferred in the same way if Felicity had not spoken: the interaction here does not necessarily enable the work of surfacing tacit knowledge. What the joint interview may add, though, is some explicit reflection on these assumptions. In commenting on their partner’s decision making, participants at times overtly signalled assumptions made, or normative values. A second excerpt from the same couple highlights this work, in that Felicity comments directly on Ron’s views, thus providing a more nuanced picture of the role of tacit values such as “trusting what doctors say”:

Ron: They just told me that I had to take them [statins], that I had to take them for the rest of my life so I just accepted it.

Felicity: Ron does accept things like that. He thinks doctors are gods and if they say something he'll do it.

That Felicity marks Ron's willingness to trust doctors as an orientation of him, personally, rather than an implicit value, suggests that rather than being an unquestioned assumption made by the couple, it was one that can be debated, and which might not inevitably be a determining factor.

Felicity's reflection on Ron's rationale in this exchange may be particularly explicit, but there were several other examples where discussion between the two interviewees adds analytic value in a similar way. For instance, the following exchange highlights a question which turns out to be central to the decision to take medications: What, for participants, constitutes "having a condition" and hence "needing" treatment? Here, Mary's "But if ..." prompts Don to elaborate on his initial statement, and in doing so to reflect on the meaning of "a condition", and its properties:

Don (D): I'd prefer not to take any tablets ... if you can keep yourself healthy, in terms of sort of some exercise, and a good sort of balanced diet, then why should you take tablets, for anything at all.

Mary (M): But if you have a condition you would

D: Well if you have a condition well that's right, and I think in your case, I mean we've had more than one sort of episode, haven't we, Mary, of where you needed medication. So that to me is a different -

M: Scenario

D: It's - it's a different sort of situation, to the one which I'm in, which is just ...
maintaining, sort of a, a healthy body.

Thus the interactive work of the participants themselves aids the explication of the factors which influence decisions: in this case, common-sense understandings of what kinds of situations legitimate medication use. These are factors that may have remained tacit without the couple unpacking their own assumptions in the story.

Even when such values remain tacit, in that they are not explicated overtly in participants' utterances, a joint interview can provide insights into ways in which these elements are integrated into decision making. In the following excerpt, Claire and Walter refer to a range of information sources which are in tension when deciding whether to call an ambulance. As well as shedding light on these sources, the excerpt also demonstrates how joint interviewing allows observation of the way Claire and Walter collaborate to construct usable knowledge, and how they bring that knowledge into play to make, as well as account for, decisions. Claire's "we called" suggests that such decisions are shared, based on a negotiated shared body of knowledge about health and health behaviours. This short interchange also draws on three particular elements in accounting for their decision. The first is flagged explicitly: the direct advice on what Claire has been told to do if she needs to use her puffer twice. The second and third, however, remain implicit in this exchange: they are the value placed upon not making a fuss, and the value placed upon being sensibly cautious about one's health.

Claire: . . . we called the ambulance out twice and it goes against my grain that I don't want to be you know like Peter and the Wolf.

Walter: But you don't get a choice if you are in pain you cannot question that, because you don't get a second chance.

Claire: Well, it is that little puffer - if you take it twice you need to call, and I am embarrassed to ring up, you know, I just think that I am not ill enough.

Here, the interaction itself provides a chance for the two participants to rehearse the conflicting and difficult-to-manage obligations on patients to seek emergency care appropriately, neither too readily nor too late. Again, these tensions might have been revealed in an individual interview, but the dialogue form, unlike an individual interview, enables the two contrasting values (not being “Peter and the Wolf” versus “needing to call”) to be explicated by the couple without risking an incoherent narrative. The exchange also allows the two participants to demonstrate, through the story, how the tensions were resolved in this particular decision.

In summary, performative practices such as storytelling in joint interviews can shed light on more than the interaction itself. They provide some insights into how useable bodies of knowledge are assembled by the couple, and how this knowledge is utilised in practice in making health care decisions. Although such insights may well be elicited in individual interviews, the above examples suggest that, by allowing access to shared performances, joint interviews offer some analytic advantages: they provide credible evidence that these are shared practices; and the couple’s interactive work helps to elicit elements which are more likely to remain invisible in individual accounts.

Material practices

Joint interviews, then, may have some advantages over individual interviews in that the interaction provides analytical purchase on accounts of how, and which, knowledge resources are brought into play in making decisions. Beyond this, we also suggest that joint interviews can contribute to evidence on material practices related to health care decisions. It is a truism of qualitative methodology that we cannot infer what people do from what they say they do.

Joint interviews, however, may mitigate this weakness, by providing both direct opportunities to observe some practices, and by creating an interactive environment which allows some analytical purchase on the credibility of accounts of practices. This interactive context is one in which the narratives of the two participants intersect. These intersections can be seen as falling into three types: the two interviewees' accounts sometimes confirm one another, sometimes add to and complement each other, and sometimes contradict each other.

Confirmatory accounts. At first glance, confirmation seems very reassuring: surely if interviewees agree then it must be what they actually do? However, as Warin et al (2007) warn in their defence of a post-positivist approach to dealing with multiple narratives from household members interviewed separately, there is a danger of being “seduced into a realist epistemology” in this way, and forgetting that the interview itself is a presentation, which may involve the performance of consensus. This warning seems especially pertinent for joint interviews. Here, for instance, Janet and Vic provide a confirmatory narrative.

Janet (J): It has become a way of life now

Vic (V): It has become a way of life. I mean ok, I mean I think I've missed the night pills once, never missed the morning pills

I: How do you actually set about remembering them?

V: I do it the night before, really.

J: It is a ritual, every night he gets his pills out for the morning *[laughs]*.

V: A ritual ...

J: Well, you are an organised person anyway so organising pills is the way you are.

If these utterances are treated as simply guides to what Janet and Vic think and do, then the repetitions and echoes can be seen as triangulation, strengthening the validity of inferences about, for instance, the “ritual” they have established to remember taking pills. However,

clearly this would ignore the presentation work of narrative construction of a shared account which has its own momentum. Within such a strong consensual story, instances which do not fit the picture may be overlooked and not mentioned. Janet's use of stock phrases ("a way of life" and "a ritual") is echoed verbatim by Vic, suggesting an account they have given before, or at least one that is rooted in a long-established shared way of describing the world. This solidly-ingrained shared performance is one in which Janet shares not only in telling, but also in performing, as she contributes to Vic's presentation of himself as "a highly-organised man". Such a performance may make the times that Vic actually forgets his tablets pass as aberrations which seem unworthy of mention in telling the story, and indeed neither the interviewer nor the participants return to the atypical "once only" missing of the night pills during this interview. Thus, the very fact of having two confirmatory accounts, rather than just the one from an individual interview, does not necessarily add to the validity of data. There is perhaps a temptation to exaggerate claims about "unanimous" joint interview data as a valid source of information about what people do, when such accounts might at times be better read as "idealised or conventional" (Valentine, 1999) shared accounts of their behaviour.

Complementary accounts. Where the two partners' accounts do not merely echo but complement one another, this may strengthen the credibility of inferences made about what they do, by adding precise details. For example, the shared account in the next excerpt strengthens the credibility of two particular inferences: that Mike and Eileen really do take their pills in the way described, and that doing so is one of their shared household routines. These strengthening effects of joint interviewing are underlined in this case because, as well as complementing Mike's account when invited, and adding extra detail, Eileen actually reminds him about his pills during the interview, which took place at about 7 o'clock.

Mike (M): We have our breakfast and then we take our tablets, don't we.

Eileen (E): You have to wait though because you have to eat with a lot of tablets, and we have our breakfast and we take our tablets, and I do my injection, then we go all day and then, at night-time before we go to bed we take the other one, that's all. Quite easy.

M: I take warfarin at 6 o'clock don't I, every night.

E: Yes he takes his warfarin at 6. Have you had them yet?

M: Yes I have taken them, yes.

Directly witnessing a material practice in this way was unusual in our dataset, although Torgé (2013) reports a similar example, when one participant helped the other to drink some water during the interview. However, even without this bonus of observational data, the couple's complementary accounts strengthen the tentative light that interview data can shed on what they actually do, compared to using an individual interviewee's account as evidence about her actions.

Contradictory accounts. One of the most fruitful kinds of data from joint interviews is provided when the two interviewees contradict each other, particularly where contradictory claims are negotiated by reference to shared experiential evidence. In this excerpt Gill directly challenges Simon's account of his own reliability:

Simon (S): So I try and take one in the morning before breakfast on an empty stomach, and then one in the afternoon, before I have anything to eat

Interviewer (I): How do you remember?

S: Well I just take it, as a matter of course, it comes in naturally now –

Gill (G): I remember! I get it ready for him, I get all the tablets, normally, ready

I: For the pair of you?

G: Yes. Cos I've got them – they're all lined up in the drawer. So I know, roughly, I just go through them and put them all out.

If this was an individual interview with Simon, it might be tempting to take his account as a close match with what he actually does, although his airy “it comes in naturally” would inspire less confidence than a more detailed description such as Gill gives. This temptation may of course still be misleading as regards the version of events offered by the shared account, but in this relatively informal setting it seems unlikely that Simon would not have contradicted Gill if he disagreed with her, as she did him. By offering them the opportunity to contradict each other, joint interviewing strengthens inferences about interviewees' practices.

Discussion

The opportunity to observe shared storytelling is a widely-documented advantage of joint interviewing. ((Bjornholt & Farstad, 2012; Radley, 1989; Sakellariou et al., 2013; Torgé, 2013). In health research, this opportunity has largely been used to shed light on living with chronic illness; we suggest that it can also be used fruitfully in other arenas of health and health care. We highlight two specific strengths of joint interviewing. First, it offers advantages over individual interviewing for studying the resources people draw on to inform their decisions about health practices. Second, using joint interviews may mitigate some of the weaknesses of interview data as a source of credible evidence about practices themselves; these practices include those that may be directly performed in the interview, such as joint decision-making, but also practices that are not directly observed, such as taking pills. These analytic advantages of joint interviewing arise from access to interaction between the two participants.

Morris (2001) points to the ways in which her joint interviewees made tacit knowledge explicit in order to clarify their account to an outsider, thereby shedding light on

what they chose to mention and the discourses implied by these choices. In the same way, we have identified how participants in our interviews did some useful interactive work, in prompting, clarifying and making explicit (for the outsider-interviewer) the assumptions and tacit discursive frameworks which make their partner's accounts intelligible. It is not that this work does not happen in an individual interview. With sufficient rapport, and the appropriate use of prompts, it is possible for the interviewer to invite the interviewee to expand or reflect on responses, or to challenge the assumptions made in responses. There are limits, however, to how far it is possible to do this, particularly in a one-off interview. To directly challenge accounts, in the ways illustrated in some of our excerpts, would risk disrupting an interview entirely, and asking "what exactly do you mean by that?" too often risks abandoning the minimal requirements of successful interview interaction. Partners, however, can and do conduct some of this work for the interviewer, in a similar way to participants in larger natural group interviews. This is a well-documented strength of natural groups for studying how assemblages of largely-tacit knowledge and values coalesce in decision making about health (see for instance (Green, Draper, & Dowler, 2003; Kitzinger, 1994)). There are far fewer examples of using joint interviews in this way.

Another similarity between joint and other natural group interviews is that interaction both between the participants and with the interviewer seems likely to be more naturalistic than in a one-to-one interview. This is the basis for our second claim: that analysing the interaction between participants may provide a way of strengthening the credibility of inferences about practices, particularly those which take place during an interview. This "naturalism" is a seductive assumption, with its suggestion of direct and privileged access to how people talk to one another (and influence one another) in the kinds of everyday settings in which health care decisions are made. Manzo et al (1995), for instance, in their study of stroke patients and spouses, suggest that because they interviewed people at home in couples,

their data is likely to resemble “casual, ordinary talk”; and Morgan et al (2013) write of dyads “disclosing in-depth thoughts”, stating that “the only difference from an ordinary conversation is the presence of a moderator who asks questions and probes portions of the conversation”.

Such claims to naturalness need to be problematised; the creation of shared narratives, whether confirmatory or competing, is clearly a situated performance, in which the participants are, as Morris (2001) puts it, invited to “represent themselves not as individuals, but also as concurrent participants in a relationship”. For Morris (2001) the joint interview combines the performance elements of a group setting with the intimacy of an in-depth individual interview. In our data, there are suggestions of perhaps greater “intimacy” than might be generated in an individual interview, with participants clearly at ease co-creating narratives. As the couples take turns to add detail, and move the story along themselves, there is (at a practical level) less need for the interactive form of a question-and-answer interview format. So the joint interview may, structurally, resemble everyday conversation, but that does not imply that there are not performative aspects to the interaction, as there would be in any other social situation. As Warin et al (2007) show, participants’ performance is shaped by their positioning of the interviewer in relation to the research topic; this as true of joint as of individual interviews. Thus assumptions about naturalness require reflexivity, even when studying practices which are observable during a joint interview. For “off stage” practices like pill-taking, joint interviewing cannot negate the obvious point that people do not do exactly what they say they do; nonetheless we suggest that the way the two interviewees’ accounts intersect can make joint interview data a stronger basis than individual interviews for inferences about material practices.

The central question of our project – how people make decisions to take statins – is, we have suggested, one which entails recognition of the distributed nature of such decisions.

As Rapley (2008) has pointed out, decision-making may entail cognitive processes that can be explicated to some extent in interviews, but also interactive practices which are widely and unpredictably distributed in lived space: seeking information; talking to others; communicating in the doctor's surgery; discussing implications with a partner; and material practices such as typing search terms into a web browser or managing the routines of regular pill-taking. It would not be possible to observe all of these contingent and dispersed practices; and even where some can be observed, the act of observation, providing an audience, generates a performative space.

It is precisely around these kinds of research question that the joint interview may have particular strengths. The joint interview is a space in which co-production of a public narrative is directly performed, and practices such as assessing knowledge sources, resolving conflicting advice or developing a coherent rationale for action (Bjornholt & Farstad, 2012; Radley, 1989; Sakellariou et al., 2013; Torgé, 2013) can be observed by the interviewer. Strong (2006 [1979]) gives an account of the relative merits of observation and interviews as sources of data about the "rules" people follow in everyday interactions. He points out that such rules are hard to study using observation, because they are generally tacit, being made visible only occasionally, for example when they get explained to an outsider or disagreed over. In interviews, on the other hand, rules may be spelt out upon request, but it is impossible to know to what extent they actually get followed. A joint interview offers opportunities to observe interaction between the participants which may offer clues to the tacit rules being followed, while also allowing the interviewer to steer this interaction towards the focus she is interested in. Thus, as well as combining some advantages of both focus groups and individual interviews, as Morris (2001) suggests, joint interviewing may also be seen as a useful hybrid between observing and interviewing.

Conclusion

Joint interviews, using dyadic approaches to analysis, have been widely used in studies of couples living with illness. We show how they can also add value to studies of topics such as making health decisions. Specifically, we suggest that shared storytelling, to which joint interviews offer access, helps explicate what is often tacit knowledge. We also suggest that, where the research question relates to everyday health practices shared by the participants, joint interviews may mitigate some of the weakness of interview data for providing evidence about what people do. These advantages of joint interviewing rely upon three features: the two participants being interviewed together, a dyadic approach, and some prior relationship between interviewees; these strengths are likely to depend upon the existence of a dyad which not only has a shared experience, but which also has some pre-existing identity as a dyad in relation to the research question. To facilitate further exploration of this area, it would be helpful if authors explicitly specified these features of their method.

In our example, the participants were all married couples, invited to take part in a study on the decision to take statins, and it remains to be demonstrated how far these advantages relate to other relationships or research questions. We suggest that when the research question relates to some phenomenon that is empirically a shared one, such as decision-making within households, joint interviewing may be particularly appropriate.

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